POSITION	INITIALS	טא מון.	UAIL
FEE DETERMINATION	*		
O.I.P.E. CLASSIFIER	1		
FORMALITY REVIEW	de	T-861	02-01-01
RESPONSE FORMALITY REVIEW	mil	523	02/17/6/
			

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INDEX OF CLAIMS

•	Rejected	N	Non-elected
	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Restricted 0									
Claim Date	Claim	Date	Claim	Date					
Pinal Original	Final		Final						
2 // 3	51 52		101						
3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	53		102	+-+-+-					
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	54		104						
5	55		105	 					
6	56		106						
7 8	57		107						
9 1	58		108						
1021	60		110						
	61		111						
12	62		112	 					
49/	63		113						
14	64	4447	114						
15	65		115						
17	66		116	4-1-1-1-1-1-					
18	68		117	+++++					
19	69	++++	119	+					
20	70	 	120	 					
21	71		121	 					
22	72		122	 					
23	73		123						
24	74		124						
25 26	75 76		125						
27	77	+++++	126	+					
28	78	++++	127						
29	79		129	+ 					
30	80	 	130	 					
31	81		131						
32	82		132						
33 34	83		133						
35	84	++++	134						
36	86	- - - - - 	135						
37	87	 	137	 					
38	88	 	138	 					
39	89		139	 					
40	90		140						
41	91		141						
. 42	92		142						
43 44	93	++++	143	 					
45	94	┼┼┼┼┼┤	144	 					
46	96	 	145	├─┼─┼ ─ ┤ ─┤					
47	97	┤ ╬╬┼┼┦	147	┠┈╏┈╏┈╏┈╏ ┈╏					
48	98	┸	148	├─╏╌┼╌┼╌┼╌┼					
49	99	 	149						
50	100		150						

If more than 150 claims or 10 actions staple additional sheet h re

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